MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/594,938

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1 2					53						
4	Ø	1					54						
5	1	Ø					55						
6	Ø	1					56						
7	1	Ø					57						
8	Ø	1					58						
9	1	Ø					59						
10	Ø	1					60						
11	1	Ø					61						
12	Ø	1					62						
13	1	Ø					63						
14	Ø	1					64						
15	1	Ø					65						
16	Ø	1					66						
17	1	Ø					67						
18	Ø	1					68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18						TOTAL CLAIMS						